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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		N							
								Office	use only		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam over t	ple: If typyin he lines	g, type	12FE	4M5				
People for En	terprise, Trade, a	nd Economic Gr	owth				ш				ш
							ш	1.1			
ADDRESS (number and	street) 7804	Evening Lane	ш								ш
(Check if add	ress			ш		11	ш	11			ш
is changed)	Alex	andria	ш	ш	Ш	L VA]	1.1	22306	-L_	ш
COMMITTEE'S E MA	II ADDDECC		CITY▲			STATE	•		ZIP CC	DDE 📥	
COMMITTEE'S E-MA	iness@cox.net										1
COMMITTEE'S WEB	PAGE ADDRESS (I	<u> </u>					Ш				
I SOMMITTEES WEB	TAGE ADDITIOO (C	112)									1
							Ш				Щ,
							Ш				ш
COMMITTEE'S FAX	NUMBER										
با لبنا											
2. DATE M 0 2	M / D D / Y	2006									
3. FEC IDENTIFICA	ATION NUMBER	C	C C00:	363770							
4. IS THIS STATEM	MENT NEV	V (N) OR	X	AMENE	DED (A)						
I certify that I have exam	ined this Statement and	I to the best of my know	vledge and	l belief it is tru	ue, correct ar	nd comple	te				
Turne ou Duint Name of	T	Mariah McGuinne	222								
Type or Print Name of	reasurer										
Signature of Treasure	r Electronically File	ed by Mariah Mc	Guinne	ss		Date	0 2	/ [22	Y Y 2	0 0 6
NOTE: Submission of fa		nplete information may							U.S.C. S	437g.	
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commis -424-9530				EC FC		ı

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		emocratic, oublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
l		.					
	Mailing Address						
	CITY▲ STATE▲ 2	ZIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Na	ame							
People for Enterpri	se, Trade, and Economic Growth							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Full Name Mariah McGuinness							
Mailing Address	7804 Evening Lane	7804 Evening Lane						
	Alexandria	VA	22306					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
Treas		Telephone number						
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name of Treasurer Ma	Mariah MaCuippaga							
Mailing Address	7804 Evening Lane							
	Alexandria	VA	22306					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
Treas	urer	Telephone number						
Full Name of Designated Agent Co	Illins Ege							
Mailing Address	5428 31st Street NW							
	Washington	DC	20015					
Title or Position ♥	CITY A	STATE A	ZIP CODE A					
Assis	tant Treasurer	Telephone number						

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Citiban					
	Mailing Address	1000 Connecticut Ave				
		Washington DC 200	36 _			
		CITY △ STATE △ ZIF	P CODE A			